

United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

April 21, 2010

Via Electronic Transmission

Brian Osberg
Assistant Commissioner
Minnesota Department of Human Services
State of Michigan
444 Lafayette Road North
St. Paul, MN 55155

Dear Assistant Commissioner Osberg:

In the United States, the federal and state governments spend roughly \$317 billion every year on the Medicaid program. As Ranking Member of the Senate Committee on Finance, I have an obligation to ensure that taxpayer dollars are appropriately spent on federal health care programs. Like the Medicare program, Medicaid suffers from systemic weaknesses that lead to fraud, waste, and abuse across the program, resulting in higher costs and less health care to those who are in need. The overutilization of prescription drugs, whether through drug abuse or outright fraud, plays a significant role in the rising cost of our healthcare system. The purpose of this letter is to request information regarding certain outliers in Minnesota's Medicaid program and what steps Minnesota takes to monitor rates of utilization.

In recent inquiries, I have asked the U.S. Department of Health and Human Services about physicians prescribing mental health drugs at astonishingly high rates. In addition to these concerns, a recent CNN report detailed the increasing abuse of OxyContin, Roxicodone, and Xanax. Specifically, the report described the role some pain management clinics and physicians play in the black market for these drugs. I write today to better ascertain how high rates of both mental health and pain medication utilization are affecting the Medicaid program, as well as how Minnesota's rates compare to the national rates.

To that end, please provide charts that list of the top ten Medicaid prescribers of the following drugs for the years 2008 and 2009. For each prescriber, please provide his/her prescriber identifier, and the number of prescriptions written per drug per year, and the total amount billed to Medicaid per drug, separated for each year.

- Abilify;
- Geodon;
- Seroquel;
- Zyprexa;

- Risperdal;
- OxyContin;
- Roxicodone; and
- Xanax.

I thank you in advance for your cooperation and request that you provide the requested documents and written responses by no later than May 5, 2010. In your reply, please format information into a chart like the examples provided below. All formal correspondence should be sent electronically in PDF format to Brian_Downey@finance-rep.senate.gov or via facsimile to (202) 228-2131. Of course should you wish to discuss this matter further, please do not hesitate to contact Christopher Armstrong of my Committee staff at (202) 224-4515.

Sincerely,

A handwritten signature in black ink that reads "Chuck Grassley". The signature is written in a cursive, slightly slanted style.

Charles E. Grassley
Ranking Member

Attachment

Drug X, 2008

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000

Drug X, 2009

Prescriber Identifier	Total prescriptions	Total billed to Medicaid
123456789	25,000	250,000
234567891	24,000	240,000
345678912	23,000	230,000
456789123	22,000	220,000
567891234	21,000	210,000
678912345	20,000	200,000
789123456	19,000	190,000
891234567	18,000	180,000
912345678	17,000	170,000
012345678	16,000	160,000



Minnesota Department of **Human Services**

May 5, 2010

The Honorable Charles Grassley
Ranking Member
United States Senate Committee on Finance
Washington, DC 20510-6200

Dear Senator Grassley:

Attached to this letter, you will find the information that you have requested on the top prescribers of particular mental health drugs in the Minnesota Medicaid program.

We have provided data from both our fee-for-service and managed care populations. Within Minnesota's Medicaid population, approximately 70% of recipients are enrolled in managed care programs. While we are able to provide prescription counts by prescriber for the managed care population, the amount paid to the pharmacies by the managed care plan is not readily accessible to us since we do not reimburse pharmacies directly for the prescriptions. If you would like managed care reimbursement information, we will work with our managed care partners to get you the actual reimbursement amounts.

Minnesota recognizes that fraud, abuse, and overutilization represent significant challenges to the Medicaid program. To that end, Minnesota has a number of policies and procedures in place to address overutilization challenges:

- Minnesota utilizes refill-too-soon claims edits on all outpatient prescription drugs reimbursed through the fee-for-service program. A prescription claim will not pay unless over 75% of the prescription has been used as calculated by the prescribed quantity and the directions for use
- The dispensed quantity of prescription drugs is limited to a 34-day supply, with the exception of oral contraceptives
- Per Minnesota law, public program recipients are not allowed to pay the pharmacy (or any other provider) for a prescription that is eligible for coverage under the Medicaid program.
- Drugs with high abuse and fraud potential, such as Oxycontin and Actiq, are subject to Prior Authorization requirements
- Recipients who have been identified as drug-seeking are enrolled in the Minnesota Restricted Recipient Program (MRRP) and must have all their prescriptions filled by a single pharmacy
- The Minnesota Prescription Monitoring Program (PMP), administered by the Minnesota Board of Pharmacy, became operational in 2010. As a result, staff members in the Surveillance and Integrity Review unit now have access to statewide data on prescription claims for controlled substances
- The Drug Utilization Review (DUR) Board monitors prescriptive practices and medication use trends and provides educational materials to prescribers on a quarterly basis

Charles Grassley
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May 5, 2010

The attached fee-for-service data is based on actual claims experience. The managed care data has been collected from encounter data that the Department of Human Services receives periodically from participating health plans. The data includes both the brand name products and the generics, when available. Please let me know if you have any additional questions about this data or its collection.

Sincerely,



Brian J. Osberg
Medicaid Director
Minnesota Department of Human Services

Encl

Fee-for-service data, Minnesota Medicaid

Drug Abilify 2008	all brand name dose forms 2008	
	Total	
Prescriber NPI	Prescriptions	Total Paid
1043295876	427	\$ 140,853.28
1396764049	369	\$ 149,919.04
1629001656	343	\$ 140,044.21
1215002480	308	\$ 100,655.25
1174500508	269	\$ 78,057.92
1851350391	256	\$ 67,448.91
1699842138	225	\$ 89,840.66
1275506131	223	\$ 55,719.81
1336248277	192	\$ 63,424.46
1801856307	192	\$ 82,904.89

Drug Abilify 2009	all brand name dose forms 2009	
	Total	
Prescriber NPI	Prescriptions	Total Paid
1043295876	434	\$ 160,237.51
1396764049	349	\$ 151,453.46
1215002480	344	\$ 105,098.01
1851350391	295	\$ 86,854.04
1336248277	287	\$ 90,532.23
1275506131	261	\$ 90,784.05
1629001656	258	\$ 119,209.26
1023067873	237	\$ 63,985.39
1699842138	227	\$ 108,052.67
1174500508	222	\$ 70,855.12

Drug Geodon 2008	all brand name dose forms 2008	
	Total	
Prescriber NPI	Prescriptions	Total Paid
1114989936	109	\$ 18,776.60
1689770604	124	\$ 15,629.22
1225035850	114	\$ 30,440.09
1396760567	107	\$ 28,660.16
1215980008	160	\$ 55,634.09
1861465718	145	\$ 53,585.02
1811921596	115	\$ 27,949.68
1629001656	110	\$ 23,500.60
1831114867	133	\$ 39,379.35
1912008152	111	\$ 49,644.62

Drug Geodon 2009	all brand name dose forms 2009	
	Total	
Prescriber NPI	Prescriptions	Total Paid
1023067873	126	\$ 27,530.88
1328026733	102	\$ 31,259.99
1649255191	106	\$ 32,158.81
1447282231	135	\$ 49,604.38
1396761276	110	\$ 21,362.86
1396760567	102	\$ 32,061.59
1215980008	192	\$ 59,377.63
1861465718	133	\$ 52,279.02
1811921596	105	\$ 25,392.10
1629001656	123	\$ 30,853.94

Drug Seroquel 2008	all brand name dose forms 2008	
	Total	
Prescriber NPI	Prescriptions	Total Paid
1841353596	628	\$ 349,010.55
1629001656	517	\$ 85,493.07
1396764049	488	\$ 132,927.58
1225120991	437	\$ 147,829.45
1205937687	426	\$ 129,911.58
1801856307	411	\$ 96,231.02
1568476125	401	\$ 127,831.99
1225035850	373	\$ 79,059.86
1215980008	361	\$ 117,072.77
1851467575	350	\$ 133,735.63

Drug Seroquel 2009	all brand name dose forms 2009	
	Total	
Prescriber NPI	Prescriptions	Total Paid
1841353596	784	\$ 449,112.13
1225120991	652	\$ 225,004.00
1629001656	503	\$ 100,327.93
1205937687	476	\$ 151,346.19
1215980008	467	\$ 164,428.80
1396764049	438	\$ 119,460.93
1295817336	332	\$ 78,582.86
1568476125	327	\$ 116,489.41
1801856307	327	\$ 78,290.70
1225035850	323	\$ 78,063.05

Fee-for-service data, Minnesota Medicaid

Drug Zyprexa 2008			all brand name dose forms 2008			Drug Zyprexa 2009			all brand name dose forms 2009		
			Total						Total		
Prescriber NPI	Prescriptions	Total Paid				Prescriber NPI	Prescriptions	Total Paid			
1043295876	335	\$ 97,075.09				1043295876	377	\$109,218.38			
1093881104	321	\$171,612.12				1093881104	226	\$144,784.11			
1396760567	199	\$ 96,508.23				1215980008	208	\$130,603.98			
1962434357	176	\$ 93,345.56				1225120991	171	\$ 85,056.14			
1215980008	171	\$101,645.62				1205937687	164	\$ 74,219.03			
1396764049	170	\$ 98,201.25				1629040639	152	\$ 91,612.45			
1841353596	151	\$124,024.61				1689740821	150	\$109,198.31			
1235147729	140	\$ 75,604.14				1841353596	142	\$138,513.12			
1639197502	140	\$ 35,135.02				1396760567	140	\$ 78,529.84			
1861465718	130	\$ 81,463.96				1861465718	135	\$ 88,111.83			

Drug Risperdal 2008			brand & generic dose forms 2008			Drug Risperdal 2009			brand & generic dose form 2009		
			Total						Total		
Prescriber NPI	Prescriptions	Total Paid				Prescriber NPI	Prescriptions	Total Paid			
1396764049	817	\$178,607.38				1396764049	664	\$ 38,505.20			
1629001656	809	\$110,927.94				1275506131	547	\$ 38,451.22			
1174507735	569	\$109,290.08				1629001656	501	\$ 19,872.38			
1275506131	435	\$ 76,132.91				1396761276	456	\$ 17,005.84			
1093881104	416	\$132,132.82				1336248277	442	\$ 19,190.77			
1336248277	379	\$ 59,294.75				1023067873	423	\$ 16,329.90			
1205821667	349	\$ 60,246.56				1205821667	370	\$ 39,661.47			
1215980008	330	\$123,570.44				1295817336	366	\$ 16,814.43			
1508981333	327	\$ 71,561.61				1508981333	341	\$ 30,348.06			
1275582876	321	\$ 47,587.33				1992787725	319	\$ 29,699.32			

Drug OxyContin 2008			brand & generic dose forms 2008			Drug OxyContin 2009			brand & generic dose form 2009		
			Total						Total		
Prescriber NPI	Prescriptions	Total Paid				Prescriber NPI	Prescriptions	Total Paid			
1952399115	106	\$ 17,495.06				1043308158	93	\$ 35,029.20			
1356327696	75	\$ 8,140.61				1952399115	76	\$ 23,325.48			
1043308158	64	\$ 25,238.37				1700882495	67	\$ 17,242.84			
1043281678	59	\$ 14,216.12				1326118159	52	\$ 8,876.52			
1417993106	47	\$ 6,508.40				1356327696	44	\$ 2,384.75			
1790703551	39	\$ 19,294.47				1356339436	42	\$ 16,570.73			
1578655692	38	\$ 11,075.89				1376588434	41	\$ 24,640.89			
1144283102	38	\$ 12,079.77				1578655692	39	\$ 13,786.09			
1376588434	31	\$ 13,948.92				1740234525	38	\$ 10,855.06			
1881780393	30	\$ 5,059.19				1043281678	31	\$ 8,465.67			

Fee-for-service data, Minnesota Medicaid

Drug Roxicodone brand & generic dose forms			Drug Roxicodone brand & generic dose form		
2008	2008	2008	2009	2009	2009
	Total			Total	
Prescriber NPI	Prescriptions	Total Paid	Prescriber NPI	Prescriptions	Total Paid
1952399115	116	\$ 2,159.85	1043281678	122	\$ 6,017.72
1376519413	97	\$ 885.50	1164447165	97	\$ 6,923.61
1285667865	91	\$ 1,228.52	1023169257	79	\$ 5,831.74
1861432429	71	\$ 1,681.97	1417904665	72	\$ 4,310.37
1578855692	64	\$ 5,972.55	1457437592	68	\$ 11,132.02
1053371187	64	\$ 2,468.52	1861432429	66	\$ 1,732.59
1184671836	62	\$ 1,410.88	1053371187	66	\$ 3,354.89
1043281678	57	\$ 2,086.23	1396838850	66	\$ 6,601.60
1881664605	57	\$ 2,959.52	1043308158	53	\$ 1,080.87
1396838850	56	\$ 5,356.19	1952399115	52	\$ 1,971.17

Drug Xanax brand & generic dose forms			Drug Xanax brand & generic dose form		
2008	2008	2008	2009	2009	2009
	Total			Total	
Prescriber NPI	Prescriptions	Total Paid	Prescriber NPI	Prescriptions	Total Paid
1902803539	219	\$ 24,832.26	1093794950	219	\$ 1,494.47
1093794950	208	\$ 1,496.24	1902803539	218	\$ 21,128.88
1336102763	193	\$ 1,375.70	1144293937	204	\$ 1,576.30
1144293937	175	\$ 2,525.93	1306947544	189	\$ 1,261.30
1023169257	137	\$ 1,009.28	1679553226	172	\$ 1,306.33
1679553226	127	\$ 1,113.68	1336102763	169	\$ 1,064.50
1306947544	126	\$ 890.40	1437108008	148	\$ 892.52
1437108008	121	\$ 721.40	1386687408	142	\$ 747.94
1386687408	120	\$ 542.70	1114942828	141	\$ 959.17
1265483614	118	\$ 850.88	1659334092	141	\$ 704.24

Managed Care data, Minnesota Medicaid

Drug Abilify		all brand name dose forms		Drug Abilify		all brand name dose forms	
2008		2008		2009		2009	
Prescriber NPI	Total Prescriptions			Prescriber NPI	Total Prescriptions		
1114019122	86			1093881104	171		
1487690426	86			1215002480	163		
1215002480	81			1144293937	156		
1245281823	80			1083669584	130		
1023067873	80			1174500508	128		
1174500508	79			1821175241	125		
1376618421	78			1487690426	111		
1922119502	74			1316981517	110		
1003841610	74			1992787725	106		
1144293937	68			1336248277	106		

Drug Geodon		all brand name dose forms		Drug Geodon		all brand name dose forms	
2008		2008		2009		2009	
Prescriber NPI	Total Prescriptions			Prescriber NPI	Total Prescriptions		
1629151212	64			1093881104	87		
1396761276	61			1962573394	84		
1922119502	50			1043354095	68		
1083669584	48			1609949676	64		
1962573394	40			1922119502	62		
1477588028	37			1306947544	59		
1396760567	37			1083669584	56		
1144293937	34			1144293937	54		
1437108008	33			1396761276	49		
1639197502	30			1821175241	48		

Drug Seroquel		all brand name dose forms		Drug Seroquel		all brand name dose forms	
2008		2008		2009		2009	
Prescriber NPI	Total Prescriptions			Prescriber NPI	Total Prescriptions		
1073624821	299			1841353596	821		
1841353596	288			1962434357	381		
1396764049	199			1801848635	274		
1205937687	189			1093881104	270		
1679508006	185			1952376527	253		
1942279575	180			1396764049	250		
1801848635	171			1568476125	223		
1881664605	169			1174591770	221		
1568476125	166			1558379974	220		
1891705968	166			1215993811	214		

Managed Care data, Minnesota Medicaid

Drug Zyprexa 2008		all brand name dose forms 2008		Drug Zyprexa 2009		all brand name dose forms 2009	
Prescriber NPI	Total Prescriptions			Prescriber NPI	Total Prescriptions		
1679508006	142			1962434357	225		
1942279575	116			1093881104	159		
1417976127	96			1679508006	152		
1710949656	94			1568476125	144		
1073624821	92			1134175698	128		
1912969551	92			1073624821	125		
1033148424	91			1033148424	116		
1427017060	89			1417976127	115		
1568476125	87			1144293937	99		
1134175698	83			1710949656	95		

Drug Risperdal 2008		brand & generic dose forms 2008		Drug Risperdal 2009		brand & generic dose forms 2009	
Prescriber NPI	Total Prescriptions			Prescriber NPI	Total Prescriptions		
1174507735	382			1093881104	417		
1396764049	265			1396764049	300		
1922119502	216			1548289259	252		
1336248277	185			1396761276	219		
1679508006	181			1073624821	218		
1790711984	156			1962434357	207		
1073624821	155			1922119502	181		
1396761276	149			1790711984	151		
1548289259	147			1336248277	136		
1487690426	119			1487690426	133		

Drug OxyContin 2008		brand & generic dose forms 2008		Drug OxyContin 2009		brand & generic dose forms 2009	
Prescriber NPI	Total Prescriptions			Prescriber NPI	Total Prescriptions		
1043281678	441			1043281678	385		
1093706509	97			1174553747	158		
1902872641	92			1023169257	127		
1053320739	89			1063491256	103		
1881664605	87			1093706509	103		
1912987868	86			1396838850	101		
1326118159	78			1326118159	95		
1669449674	73			1134103815	90		
1912973470	71			1518934942	87		
1942272091	70			1053320739	84		

Managed Care data, Minnesota Medicaid

Drug Roxicodone	brand & generic dose forms
2008	2008
Prescriber NPI	Total Prescriptions
1174553747	227
1245269612	226
1043281678	209
1245240944	171
1902871577	126
1477527406	124
1952376527	115
1346278579	112
1801847660	92
1699749234	89

Drug Xanax	brand & generic dose forms
2008	2008
Prescriber NPI	Total Prescriptions
1386687408	97
1023169257	96
1437108008	92
1245281823	91
1578645859	88
1720174089	88
1336102763	83
1609855618	78
1649234170	78
1063504496	75

Drug Roxicodone	brand & generic dose forms
2009	2009
Prescriber NPI	Total Prescriptions
1174553747	396
1477527406	148
1245240944	141
1023169257	135
1346278579	130
1538147509	101
1801847660	100
1245269612	89
1255392981	88
1184671836	85

Drug Xanax	brand & generic dose forms
2009	2009
Prescriber NPI	Total Prescriptions
1023169257	171
1144293937	159
1386687408	153
1306947544	138
1437108008	135
1578645859	115
1679664478	107
1801848635	103
1063504496	103
1336102763	96

PATRICK J. LEAHY, VERMONT, CHAIRMAN

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United States Senate

COMMITTEE ON THE JUDICIARY

WASHINGTON, DC 20510-6275

BRUCE A. COHEN, *Chief Counsel and Staff Director*
KOLAN L. DAVIS, *Republican Chief Counsel and Staff Director*

January 23, 2012

VIA ELECTRONIC TRANSMISSION

David Godfrey
Medicaid Director
Minnesota Department of Human Services
P.O. Box 64998
St. Paul, MN 55164

Dear Director Godfrey

Your office provided my staff with data regarding the top ten prescribers of several pain management and mental health drugs in your state. These types of drugs have addictive properties, and the potential for fraud and abuse by prescribers and patients is extremely high. Mental health drugs continue to be prescribed at astounding rates and pain management clinics are turning into a hotbed for black market painkillers. When these drugs are prescribed to Medicaid patients, it is the American people who pay the price for over-prescription, abuse, and fraud.

After an extensive review of prescribing habits of the serial prescribers of pain and mental health drugs in your state, I have concerns about the oversight and enforcement of Medicaid abuse in your state. While I am sensitive to concerns about the potential for misinterpretation of the data you provided, the numbers themselves are quite shocking.

For example, the top prescriber of OxyContin in 2009 wrote more than double the number of prescriptions for the drug than the second top prescriber. Similarly, the top prescriber of Roxicodone wrote more than double the prescriptions than the next

top prescriber on the list. These outliers are consistent with several of the antipsychotic drugs—with the top prescribers writing double or triple the number of prescriptions as the other prescribers on the list.

It is my intention to ensure that each of the states is adequately monitoring, investigating, and stopping fraud and over-prescription of these types of drugs. Therefore, please provide answers to the following questions:

1. What action, if any, has your agency taken with respect to the prescribers identified to the Committee?
2. If there has been no action taken with respect to these prescribers, please explain why not.
3. Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid Program.
4. Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs.
5. Has each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank? If not, do you plan to do so?
6. Have any of the prescribers identified to this Committee been referred to your state medical board?
7. Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?
8. Have you received any training or guidance from the Centers for Medicare and Medicaid Studies to help identify potential issues with prescription drugs?
9. Does your state maintain a database of all prescribed controlled-substances? If so, what entities have access to it?
10. Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not, why not?
11. Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-base retrospective reviews?
12. Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Thank you in advance for your cooperation and attention in this matter. When responding to this letter, please number your answers in accordance with my questions. I would appreciate a response by February 13, 2012. If you have any questions, please do not hesitate to contact Erika Smith of my staff at (202) 224-5225.

Sincerely,

A handwritten signature in blue ink that reads "Chuck Grassley". The signature is written in a cursive, flowing style.

Charles E. Grassley
Ranking Member
Committee on the Judiciary



Minnesota Department of **Human Services**

Transmitted via Electronic Mail

February 13, 2012

The Honorable Charles Grassley
Ranking Member
United States Senate Committee on Finance
Washington, DC 20510-6200

Dear Senator Grassley:

This is in response to your letter of January 23, 2012, requesting follow-up information regarding the top prescribers of particular drugs in the Minnesota Medicaid program as well as to the answers to your questions regarding the data we provided to you previously.

We share your concern about overprescribing and abuse of these drug categories and continue to look for ways to better monitor and control the use of these therapeutically useful yet extremely dangerous prescription drugs.

In response to your comments about the top prescribers in our state, we are continuing to monitor the prescribing behavior and have done additional analysis on their prescribing behavior. Our analysis of the top prescribers revealed the following information:

- 100% of the top ten 2009 fee-for-service prescribers for Abilify, Geodon, Seroquel, and Zyprexa were either psychiatrists or nurse practitioners specializing in mental health. Only one of the top ten prescribers for Risperdal was not a psychiatrist (that prescriber is a pediatrician who sees a large population of autistic patients). The top prescribers of these powerful mental health drugs have received specialized training in psychiatry or mental health -- which is good news. We would be much more concerned if the top prescribers of the antipsychotics did not have specialist training.
- 100% of the top ten 2011 fee-for-service prescribers for all atypical antipsychotics were either psychiatrists or nurse practitioners specializing in mental health.
- Many of the top prescribers work in affiliation with safety net hospitals and clinics so a large proportion of their patient base is publicly funded.
- The top 2009 Roxicodone prescriber in managed care is a physician who specializes in palliative care. The average days supply of Roxicodone prescribed by this physician is approximately a 10 day supply, which partially explains the higher number of prescriptions (most prescriptions are written for a 30-34 days supply).
- The top 2011 fee-for-service Oxycontin prescriber wrote prescriptions averaging a 7 day supply, and the top 2011 fee-for-service Roxicodone prescriber wrote prescriptions averaging a 14 day supply which partially explains the high number of prescriptions.
- Some of our managed care plans are integrated dual plans which cover both Medicaid and Medicare prescriptions. Some of the prescriptions listed in the managed care section for 2009 and 2010 year were actually Medicare Part D prescriptions and not Medicaid. We have corrected the discrepancy this year and are only reporting Medicaid prescriptions.

What action, if any, has your agency taken with respect to the prescribers identified to the committee?

As described below, we have reported some of the prescribers to the Board of Medical Practice and are in the process of reporting our concerns with some of the other prescribers. In addition, we have been meeting with representatives of our managed care plans to develop a universal strategy to apply across fee-for-service and managed care. We are working with the plans to identify problem prescribers and facilitate a coordinated effort to

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send letters to the Board of Medical Practice. We are also working with our managed care partners to identify differences in utilization management and prior authorization criteria across plans with the goal of developing standardized policies for the most commonly abused drug products.

Please identify which of the providers identified to the Committee remain eligible to bill the Medicaid program.

The vast majority of the prescribers identified continue to be eligible to prescribe drugs payable through the Medicaid program. The exceptions are:

- NPI 1427017060 -- terminated due to no return address.
- NPI 1174507735 -- license expired.
- NPI 1396761276 -- provider agreement is in pending status. Previous enrollment was terminated when he ended his affiliation with his medical group.
- NPI 1457437592 -- surrendered his license due to disciplinary action of the Board of Medical Practice.
- NPI 1285667865 -- a dispensing pharmacy NPI which is no longer allowed to be used as the prescriber on pharmacy claims, in accordance with the Affordable Care Act. This pharmacy is enrolled in our program and is allowed to dispense drugs prescribed by other providers (physicians, physician assistants, and nurse practitioners).
- NPI 1841353596 -- while this physician is still enrolled in Medicaid and allowed to see patients, he is no longer allowed to prescribe psychiatric medications as of March 2011 due to disciplinary action by the Board of Medical Practice.
- NPI 1023169257 -- still enrolled in Medicaid and allowed to see patients, but is no longer allowed to prescribe controlled substances for six months from 8-25-11 due to disciplinary action by the Board of Medical Practice.

We have become aware that one of the prescribers listed above lost DEA authority to prescribe controlled substances in 2011. Unfortunately, a good information dissemination process does not exist between the DEA, states, and dispensing pharmacies. When the DEA rescinds prescribing authority from a physician, the state Medicaid program is not notified directly; as a result, we have no mechanism to rapidly institute claims edits to prevent payment of controlled substances written by an offending physician. The DEA does not release prescriber registration information to the general public, so we must rely on information provided by the State Board of Medical Practice. Similarly, dispensing pharmacies are also not proactively notified by the DEA so pharmacies have no simple mechanism to find out whether or not a DEA number on a prescription is still valid.

Please provide the 2010 and 2011 numbers for the top prescribers of these same drugs

Please see the attachment. As with the last data request, we have provided data from both our fee-for-service and managed care populations. Within Minnesota's Medicaid population, approximately 70% of recipients are enrolled in managed care programs. While we are able to provide prescription counts by prescriber for the managed care population, the amount paid to the pharmacies by the managed care plan is not readily accessible to us since we do not reimburse pharmacies directly for the prescriptions. If you would like managed care reimbursement information, we will work with our managed care partners to get you the actual reimbursement amounts. You should know that the 2011 managed care data is not yet entirely complete as we have not yet received all of the 2011 claims from one of our plans. Nonetheless, the data presented here will still give you a good idea of the top prescriber activity.

Have each of these prescribers been cross-checked for complaints or misconduct with the state medical board or the National Practitioner Data Bank. If not, do you plan to do so?

Yes. As part of the provider enrollment process, the provider's license is checked with the State Medical Board or the State Nursing Board as appropriate. In addition, we have an ongoing arrangement with the professional boards so that our provider enrollment staff is notified each time a professional board takes disciplinary or corrective action on a licensee. If a provider's license is revoked or suspended, we take appropriate action in our provider file and store the board notification in our records. We do not currently utilize the National Practitioner Data Bank as there is a fee associated with each inquiry into that system.

Have any of the prescribers identified to this committee been referred to your state medical board?

Yes. We have reported NPIs 1457437592 and 1023169257 to the Board of Medical Practice and are in the process of reporting others.

Is there any system set up in your state to identify and monitor excessive prescription writing? If not, why not?

As described above, we are working on a coordinated effort with our managed care plans to identify excessive prescribers. We are currently working toward development of criteria that both the fee-for-service program and the health plans could use to identify overprescribers. Once the criteria are in place, we will be sharing data with the plans and working with them to identify overprescribers to the State Medical Board. In addition, staff in our Restricted Recipient program are continuously monitoring prescription data for patterns of overprescribing.

Have you received any training or guidance from the Centers for Medicare and Medicaid Services to help identify potential issues with prescription drugs?

No.

Does your state maintain a database of all prescribed controlled substances? If so, what entities have access to it?

Yes, the Minnesota Board of Pharmacy maintains the Prescription Monitoring Program (PMP) which includes all schedule II, III, and IV controlled substance prescriptions reported by licensed pharmacies. The PMP became operational in 2010. The data in the PMP is available to all qualified prescribers of controlled substances with a valid DEA number who are licensed in good standing, all pharmacists licensed in good standing, and agents or employees of qualified prescribers and licensed pharmacists who have approved the delegate to access information on the licensee's behalf. In addition, staff members in the DHS Surveillance and Integrity Review unit now have access to the database.

Does your state have any point-of-sale restrictions related to maximum units, prior authorization, therapeutic duplication, or early refill? If not why not?

Minnesota recognizes that fraud, abuse, and overutilization represent significant challenges to the Medicaid program. To that end, Minnesota has a number of policies and procedures in place to address overutilization challenges within the fee-for-service environment:

- Minnesota utilizes refill-too-soon claims edits on all outpatient prescription drugs. A prescription claim will not pay unless over 75% of the prescription has been used as calculated by the prescribed quantity and the directions for use.
- The dispensed quantity of prescription drugs is limited to a 34-day supply, with the exception of oral contraceptives.
- Most drugs have a quantity limit per prescription that is consistent with the FDA approved indications or the prevailing community standard for use.
- Drugs with high abuse and fraud potential, such as long acting oxycodone and hydromorphone, transmucosal fentanyl, growth hormone, and Suboxone are subject to Prior Authorization requirements.
- Minnesota sends informational therapeutic duplication edits to pharmacies as part of the prospective DUR process which occurs as part of the point-of-sale claims process for each prescription. .
- Recipients who have been identified as drug-seeking are enrolled in the Minnesota Restricted Recipient Program (MRRP) and must have all their prescriptions filled by a single pharmacy.

Were any of these top ten prescribers identified in the federal-mandated Drug Utilization Review or CMS-based retrospective reviews?

No.

Does your state have any programs in place to educate providers about the prescription of antipsychotics to children and adolescents?

Yes. We are currently in the process of implementing a comprehensive pediatric mental health collaborative consultation program in conjunction with our Chemical and Mental Health administration and an external vendor with whom we are negotiating a contract. State pharmacy staff worked with the DUR Board and a panel of experts in pediatric psychiatry to develop age and dosage thresholds for antipsychotics and drugs used to treat ADHD. Once the new service is operational, prior authorization and a collaborative consultation will be required before prescriptions above the age/dose thresholds will be approved for payment. We will institute a hard edit on the prescriptions at the point of sale that will prevent the prescription from being reimbursed until the consultation requirement is met (we will have an override process available for true crisis situations).

The consult service will be guided by medication and therapy protocols developed by an interdisciplinary workgroup and will be staffed by child and adolescent psychiatrists, adult psychiatrists, licensed clinical social workers, and support staff. The service will be available on a voluntary basis to all prescribers but will be mandatory for those prescribers seeking to write prescriptions outside of the age and dosage thresholds for fee-for-service Medicaid recipients.

Once fully operational, the collaborative consult service will provide:

- Outreach, support and education for local collaborative partnerships including mental health, primary care and other providers.
- Triage-level assessment to determine most appropriate response to each request for consultation.
- Referrals to other services as appropriate.
- Consultation to primary care practitioners, emergency rooms, local crisis services and mental health professionals, including:
 - Mandatory consultations relating to psychotropic prescriptions that exceed age/dose thresholds for children enrolled in the fee-for-service Medical Assistance program.
 - Voluntary consultations to improve collaboration between primary care and behavioral health.
 - Rapid access to direct psychiatric services, probably limited to a one-time in-person (or interactive video) appointment for individuals who are at risk of hospitalization and only when local services are not available, with recommendations provided and subsequent care management retained by primary care.

In anticipation of the consultation requirements becoming operational over the next several months, our DUR board is planning to proactively send letters to prescribers of regimens outside of the thresholds along with the contact information for the consult service. We are hopeful that our planned implementation approach will facilitate continuity of care and minimal therapeutic disruption for our most medically challenging recipients.

Sincerely,

A handwritten signature in black ink, appearing to read "David Godfrey". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

David Godfrey
Medicaid Director

Fee-for service data, Minnesota Medicaid					
2010			2011		
Drug Abilify	All brand name dose forms		Drug Abilify	All brand name dose forms	
Prescriber NPI	Total Prescriptions	Total Paid	Prescriber NPI	Total Prescriptions	Total Paid
1629001656	350	\$ 145,803.45	1043295876	331	\$ 129,368.75
1043295876	341	\$ 148,407.05	1295817336	322	\$ 103,871.20
1174500508	305	\$ 115,591.80	1023067873	297	\$ 100,434.74
1396764049	300	\$ 150,716.84	1396764049	290	\$ 161,935.17
1336248277	280	\$ 94,921.93	1992778229	277	\$ 157,001.71
1396760567	278	\$ 137,474.90	1275506131	274	\$ 101,376.19
1023067873	277	\$ 84,507.30	1629001656	274	\$ 132,127.76
1851350391	275	\$ 88,591.97	1336248277	273	\$ 117,066.61
1396761276	262	\$ 88,054.96	1174500508	264	\$ 108,279.58
1992787725	258	\$ 117,718.68	1851350391	260	\$ 95,607.28
Drug Geodon	All brand name dose forms		Drug Geodon	All brand name dose forms	
Prescriber NPI	Total Prescriptions	Total Paid	Prescriber NPI	Total Prescriptions	Total Paid
1215980008	213	\$ 74,331.75	1023067873	201	\$ 52,992.15
1023067873	151	\$ 37,347.05	1992778229	143	\$ 62,340.81
1447282231	136	\$ 58,215.78	1215980008	131	\$ 58,177.20
1265586440	133	\$ 58,963.92	1306947544	122	\$ 39,369.44
1801848635	126	\$ 39,951.06	1417029711	116	\$ 38,562.94
1912008152	122	\$ 45,447.41	1821175241	111	\$ 21,351.67
1396760567	115	\$ 44,527.79	1649357112	109	\$ 46,667.58
1295817336	114	\$ 25,690.35	1649255191	104	\$ 41,738.93
1396761276	112	\$ 31,052.50	1245259811	101	\$ 27,328.46
1508981333	110	\$ 36,576.27	1396760567	100	\$ 39,396.05
Drug Seroquel	All brand name dose forms		Drug Seroquel	All brand name dose forms	
Prescriber NPI	Total Prescriptions	Total Paid	Prescriber NPI	Total Prescriptions	Total Paid
1841353596	906	\$ 501,478.41	1215980008	550	\$ 277,185.34
1215980008	609	\$ 258,777.84	1992778229	468	\$ 192,286.30
1225120991	602	\$ 256,206.31	1225120991	404	\$ 193,905.71
1992778229	565	\$ 178,852.39	1821175241	403	\$ 110,501.92
1205937687	503	\$ 167,832.05	1205937687	387	\$ 149,344.42
1629001656	427	\$ 97,244.94	1295817336	380	\$ 85,739.44
1295817336	398	\$ 91,315.95	1649357112	366	\$ 115,985.27
1437169166	397	\$ 149,041.05	1437169166	343	\$ 126,467.46
1649357112	391	\$ 117,429.34	1801856307	319	\$ 96,760.25
1093881104	363	\$ 131,861.51	1235147729	311	\$ 123,337.40

Fee-for service data, Minnesota Medicaid					
2010			2011		
Drug Zyprexa			Drug Zyprexa		
All brand name dose forms			Brand & Generic dose forms		
Prescriber NPI	Total Prescriptions	Total Paid	Prescriber NPI	Total Prescriptio	Total Paid
1043295876	251	\$ 77,260.13	1215980008	233	\$ 198,646.18
1205937687	243	\$ 106,980.32	1225120991	207	\$ 148,547.89
1093881104	220	\$ 169,601.79	1396764049	198	\$ 180,861.77
1215980008	216	\$ 156,860.86	1205937687	187	\$ 122,335.72
1225120991	204	\$ 97,963.03	1194910406	183	\$ 176,973.12
1235147729	179	\$ 85,404.21	1235147729	183	\$ 100,073.58
1992778229	175	\$ 132,465.68	1043295876	175	\$ 67,381.41
1003898081	165	\$ 93,048.77	1003898081	164	\$ 132,965.88
1629040639	157	\$ 100,371.97	1861465718	160	\$ 153,088.57
1396764049	156	\$ 131,778.80	1093881104	156	\$ 153,818.56
Drug Risperdal			Drug Risperdal		
Brand & Generic dose forms			Brand & Generic dose forms		
2010	2010	2010	2011	2011	2011
Prescriber NPI	Total Prescriptions	Total Paid	Prescriber NPI	Total Prescriptio	Total Paid
1629001656	560	18,129.47	1275506131	547	18,497.65
1275506131	506	18,629.83	1336248277	455	12,885.57
1023067873	468	10,668.47	1629001656	447	16,980.50
1396764049	430	14,652.44	1023067873	425	7,740.79
1396761276	414	10,774.63	1194910406	403	143,576.79
1336248277	409	11,630.69	1396764049	402	23,082.02
1215980008	361	63,464.07	1952388936	357	18,631.64
1194910406	360	115,191.26	1437169166	348	8,518.51
1952388936	352	21,379.79	1912949926	337	6,761.35
1295817336	341	13,570.34	1295817336	331	9,964.30
Drug OxyContin			Drug OxyContin		
Brand & Generic dose forms			Brand & Generic dose forms		
Prescriber NPI	Total Prescriptions	Total Paid	Prescriber NPI	Total Prescriptio	Total Paid
1952399115	110	\$ 43,220.18	1952399115	146	\$ 20,744.63
1477522639	76	\$ 13,607.80	1043281678	116	\$ 43,234.37
1700882495	75	\$ 8,257.00	1477522639	88	\$ 17,094.29
1043281678	67	\$ 32,373.29	1851316525	55	\$ 18,244.81
1043308158	47	\$ 21,138.67	1881664605	48	\$ 16,011.26
1790703551	44	\$ 23,939.55	1790703551	48	\$ 26,574.93
1396838850	40	\$ 16,383.09	1043308158	45	\$ 35,820.51
1518931187	39	\$ 4,811.77	1396838850	40	\$ 24,735.68
1144283102	33	\$ 10,547.43	1538180765	32	\$ 6,324.28
1326118159	31	\$ 6,752.16	1730102070	29	\$ 5,029.63

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Managed Care data, Minnesota Medicaid					
2010				2011	
Drug Abilify	All brand name			Drug Abilify	All brand name
Prescriber NPI	Total Prescriptions			Prescriber NPI	Total Prescriptions
1093881104	198			1487690426	249
1487690426	189			1174500508	194
1174500508	188			1992778229	190
1033166988	153			1639197502	149
1609842897	150			1033171533	149
1285709410	136			1477718856	147
1336102763	134			1821175241	134
1992787725	132			1619048907	128
1992778229	132			1730164567	122
1730164567	126			1609842897	119
Drug Geodon	All brand name			Drug Geodon	All brand name
Prescriber NPI	Total Prescriptions			Prescriber NPI	Total Prescriptions
1093881104	107			1992778229	81
1487690426	90			1821175241	79
1215980008	90			1215980008	74
1265586440	72			1487690426	68
1922119502	66			1265586440	65
1790853315	51			1700829991	58
1811975139	50			1780720946	55
1396761276	47			1659343143	53
1821004979	46			1093881104	51
1811974918	46			1639197502	49
Drug Seroquel	All brand name			Drug Seroquel	All brand name
Prescriber NPI	Total Prescriptions			Prescriber NPI	Total Prescriptions
1841353596	877			1992778229	285
1962434357	294			1043238934	268
1093881104	242			1659334092	248
1568594497	218			1194707828	237
1437108008	206			1437169166	230
1487690426	202			1134371321	224
1992778229	202			1437108008	208
1275621807	201			1568594497	206
1194707828	196			1487690426	203
1659334092	191			1801848635	200

Managed Care data, Minnesota Medicaid					
2010					2011
Drug Zyprexa	Brand & Generic			Drug Zyprexa	Brand & Generic
Prescriber NPI	Total Prescriptions			Prescriber NPI	Total Prescriptions
1962434357	221			1962434357	132
1093881104	133			1205937687	126
1992778229	92			1780720946	108
1205937687	88			1992778229	101
1073624821	76			1093881104	91
1487690426	68			1437169166	71
1437169166	67			1902913239	64
1033148424	67			1396760567	64
1396760567	67			1659334092	61
1891768347	62			1699842138	55
Drug Risperdal	Brand & Generic			Drug Risperdal	Brand & Generic
Prescriber NPI	Total Prescriptions			Prescriber NPI	Total Prescriptions
1093881104	320			1437169166	430
1437169166	252			1891768347	210
1548289259	234			1548289259	198
1023067873	178			1487690426	190
1891768347	171			1437108008	175
1487690426	165			1336248277	160
1336248277	142			1114997061	146
1114997061	138			1659334092	146
1659334092	119			1992778229	143
1396761276	116			1093881104	143
Drug OxyContin	Brand & Generic			Drug OxyContin	Brand & Generic
Prescriber NPI	Total Prescriptions			Prescriber NPI	Total Prescriptions
1043281678	712			1043281678	528
1336187814	357			1336187814	281
1881664605	232			1396838850	160
1023169257	220			1851316525	143
1396838850	154			1730403411	142
1740218221	147			1043308158	113
1043308158	123			1881664605	107
1457437592	118			1447240924	106
1164447165	118			1740218221	103
1982670956	91			1083681845	88

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